

Substance Abuse Services Division  
ASAIS Conference Call  
March 31, 2006

Minutes

- On March 31, 2006, the fifth Substance Abuse Services Division's Alabama Substance Abuse Information System (ASAIS) conference call was held. The call began at 10 am and hosted approximately thirty provider organizations, most with multiple staff participating.
- Agenda Item # 1 - Introductions: Mr. Vilamaa, the Project Director for ASAIS welcomed and thanked the providers for joining the 5th ASAIS conference call. All updated information is now being posted on the Department's webpage. Mr. Vilamaa asked providers to introduce themselves. The following organizations were identified. We apologize if any were omitted.

Salvation Army  
Drug Education Council  
Chemical Addictions Program  
West Alabama MHC  
Cahaba Mental Health Center  
Birmingham Fellowship House  
Chilton Shelby Mental Health Center  
Mobile Mental Health Center  
Cheaha Mental Health Center  
South Central AL MHC  
Mountain Lakes Behavioral Healthcare  
Anniston Fellowship House  
Huntsville Madison County MHC  
Riverbend Mental Health Center  
North Central MHC  
Calhoun Cleburne MHC  
Northwest Alabama MHC  
The Bridge  
Lighthouse Counseling Center  
Franklin Primary  
UAB  
East Central MHC  
Wiregrass MHC  
Becky Novack

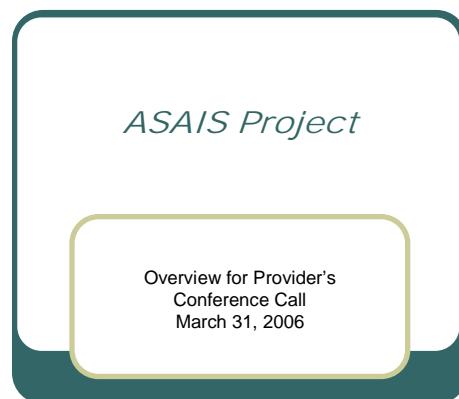
- Staff participation included:

Ms. Sarah Harkless  
Mr. Kris Vilamaa

Ms. Lynn Frost  
Ms. Crystal Jackson  
Ms. Delores Bynum  
Ms. Beverly Johnson  
Mr. Charles Mitchell

➤ Agenda Item # 2 – ASAIS Update:

- a. Provider Site visits: Those were started this week. Ms. Becky Novack completed six visits this week. Nine more have been scheduled. This is about half of what has shown interest. There are still a lot of scheduling to be done. The plan is for Ms. Novack to be in south Alabama in two weeks and two weeks after that to be in North Alabama. The goal is to complete all the visits by the end of April. Ms. Novack reported that the visits had gone very well. Everyone has said the visits were helpful. A lot of discussion has been about the operational implications of this change. It will be important that when the forms are released that everyone pay attention to those forms. Mr. Vilamaa took questions from the visits he was on and also received questions from Ms. Novack. These will be addressed during the questions portion. Based on the visits Mr. Vilamaa thought it would be valuable to take a step back and go over the general overview of ASAIS and this project.
- b. Overview of ASAIS (powerpoint presentation) Mr. Vilamaa wanted to share key information about the project and the business model for this project. Milestone dates will be discussed.



## Agenda

- Today's Objectives
- Background
- Business Model
- Implementation
  - Project Timeline
  - Updates
- Q & A

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## Today's Objectives

- Share with Providers Key Information on Business Model
- Communicate Project Milestone Dates and Current Status
- Explain Forums for Ongoing Input and Updates on Project Status
- Opportunity for Questions

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## Background

### Reasons for Change

- Increase overall funding for Substance Abuse services
  - RWJ grant showed underutilization of Medicaid funding
  - Increase use of Federal (Medicaid) dollars where possible - to stretch Block Grant and State dollars further
  - Expand the array and scope of services offered and covered by Medicaid
- Protect the Block Grant funds
  - Federal SA Block Grant is considered "ineffective" due to lack of data
  - Alabama has been non-compliant with some existing requirements
  - New requirements for Substance Abuse outcomes effective 10/1/07

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## Benefits of New Information System

- Provides ability to comply with TEDS
- Provides ability to meet new National Outcome Measures (NOMS) reporting requirements (2007)
- Provides ability to focus on priority populations
  - Wait list capabilities
  - Developing a broader range of services applicable for each Level of Care - assuring clients have access to services that they need

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## Benefits (continued)

- Use of single HIPAA standard transaction
  - Common data and common rules for all SA services
- Ability to have claims and payments processed twice a month for all sources of state, federal (Block Grant) as well as Medicaid funds.
- Ability to receive an 835 for electronic payment application

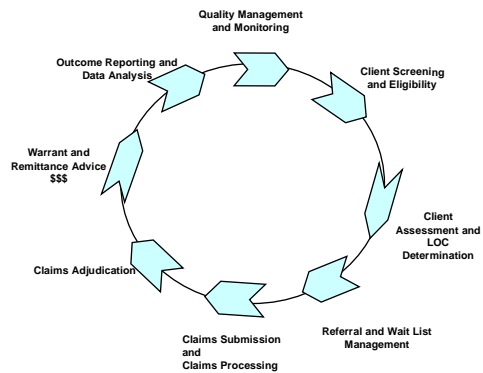
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## Client Centered System

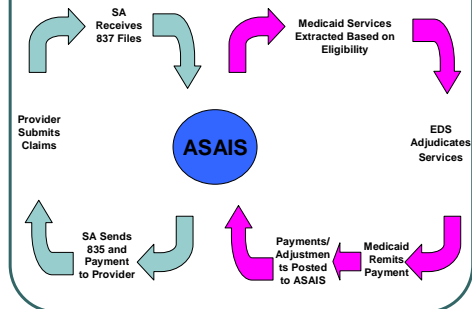
- Focus shifts to consumers and client specific data around services and outcomes.
  - Who is being served
  - Where are they being served
  - What services are they receiving
  - What outcomes are being obtained
  - Are the clients satisfied with the services being provided.

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## AS AIS System Business Model



## Medicaid Reimbursement Model – Double Loop



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## Project Timeline

- **Requirements Definition** Sept 2005 – Feb 2006
- **Set-up and Configuration** Feb – May 2006
- **Initial Testing and Training** May – July 2006
- **Provider Testing/ Training** Jun – Sept 2006
- **Deployment/Go-Live** Oct 2006

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## Major Milestones/Key Dates

- 2005**
  - 9/8 - Project Kick-off
  - 11/16 - JAD (Joint Application Design) Sessions Complete
- 2006**
  - 3/20 - Business Analysis Documents Approved
  - 2/28 - System Build/Configuration for Testing Begins
  - 6/1 - Alpha (Internal) Testing Begins
  - 7/15 - Internal Training Complete
  - 7/31 - Beta Testing Complete
  - 6/30 - Production System Ready
  - 7/1 - Provider EDI Testing Begins
  - 9/11 - Provider Training Begins
  - 10/1 - Go Live

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## AS AIS is the Payor

ALL Substance Abuse Claims paid for in all or in part with public funds are to be billed through AS AIS

- Medicaid
- State
- Block Grant
- Others
- **AS AIS Claims adjudication**
  - AS AIS edits to match current Medicaid edits
  - Additional validation – service on claim matches LOC in AS AIS

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## Business Model Changes

- **New Services and Codes**
  - Uniform for Medicaid and State Funded Services
- **Simplified Contracting Process**
  - Flexibility for use of contracted funds
  - Reduce contract amendments
- **Ability to manage Medicaid retroactive eligibility**
- **Changes in Data Elements & Data Submission Process**

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## Claims/Remittance

- Claim Submission Options
  - Direct Data Entry (DDE) into Two-Part Harmony (for **ASAI**s enrolled clients)
  - Electronic Data Submission – 837
- Claim Remittance Options
  - Electronic Remittance – 835
    - 835 will designate funding source for paid claim
  - Online reporting through Two-Part Harmony

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## Impact on Operations – Provider Billing and Remittance

- **Minor changes expected in 837 billing format** – plan to use current EDS format with addition of SSN and NPI
- Claims to be processed more frequently – warrants to be processed every other week for both Medicaid and SA claims – gives provider the option of receiving a check every week, improved cash flow
- Electronic remittance file (835) will be created – providers will be able to match payment to submitted claim via the claim control number
- Reporting capabilities will be available through Two-part Harmony
  - On-line reports through Crystal Reports
  - Can download results to Word, Excel, etc.

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## DRAFT - Two Part Harmony Reports List

The following reports have been requested – this may need to be prioritized based on need and development resource availability:

- |   |   |
|---|---|
| • Covered Services by Provider Contract       | • Claims by Client Diagnostic Category  |
| • Total Contract Award by Provider            | • Claims by Client Priority Population  |
| • Contract Balance by Provider                | • Denied Claims by Reason Code          |
| • Forecasted End of Balance by Provider       | • Medicaid Paid Claims by State Match   |
| • Service Invoiced Amount by Provider         | • Budget vs. Actual Claims YTD          |
| • Service Invoiced Amount by Service Type     | • Claims by Service Code                |
| • Service Invoiced Amount by Level of Care    | • Claims by Level of Care               |
| • Service Invoiced Amount by Service Code     | • Client Fund Source Eligibility Report |
| • Claims Paid by Fund Source by Provider      | • Prevention Session Report             |
| • Claims Paid by Fund Source by Service Type  | • Provider Resource Directory           |
| • Claims Paid by Fund Source by Level of Care | • Claims by IOM                         |
| • Claims Paid by Fund Source by Service Code  | • Claims by Risk and Protective Factors |
|   | • Claims by Domain                      |
|   | • Claims by Strategies                  |

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## Other Data Elements

- Proposed Forms
  - Screening/Enrollment
    - Demographic & Basic Screening/Eligibility Data
  - Assessment Summary
    - Results of Assessment & LOC Determination
  - Intake/Update Summary
    - Dates, Disposition, Wait List Information
  - Disposition Summary
    - Changes to LOC, Discharge Information, Additional Client Reporting Data

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## Other Data Submission Options

### At Initial Go-Live

- Direct Data Entry (DDE) using Two Part Harmony
- Faxing of Manually Completed Paper Forms
  - Planning to have toll free number
- Faxing of Computer Generated Paper Forms

### Future Development

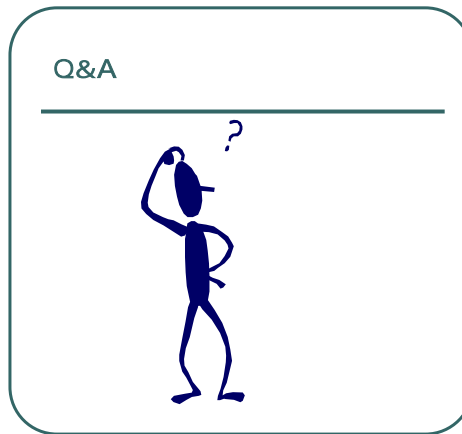
- Electronic Data Submission

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## Communications

- **ASAI Website**
  - Have link from departmental home page
- **Bi-Weekly conference calls**
  - 1 888 776-3766, passcode: "262621"
  - Set agenda with opportunity for Q&A
- **Regular updates at existing forums**
  - Coordinating Subcommittee
  - Other forums as requested (Administrative Manager's, etc.)

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- c. Forms Development: The Business Analysis Document has been approved. Harmony has the go ahead to do the design and configuration based on this document. The forms development will be out by Monday or Tuesday. The elements are all there. There is still some review taking place. These are forms that we will have to live with so feedback on these forms is needed from the providers. These forms will be discussed in more detail on the next conference call.
  - d. Claims Report Meeting: The claims report was sent out but not a lot of feedback was received. These are not the easiest to understand. Mr. Vilamaa thanked all who attended the meeting. There were a good number of both MR and SA providers to discuss about the kinds of reports that is wanted in the claims processing avenue. This was a very positive meeting.
- Agenda Item # 3 – Timelines:
- The timelines have not changed. The go live date is still October 1, 2006. It is anticipated that work will begin with the pilot sites in May. Criteria are being developed in how the pilot sites will be selected. The sites will be identified and work will begin in May. A training plan is being developed as well. Training will be done as close to the go live date as possible.
- Agenda Item # 4 – Questions:
- Questions from the provider participants:
- 1) Can an assessment be done before the ID number is received?
- There is a process to do a screening. Submit screening to the department to determine if that person is already in the system or to determine if that person is a new client. If they are a new client they will need to be assigned a Harmony ID. If they are a previous client you will need the Harmony ID in order to access their information. The problem and the issue in that question is that if the client is new then it would probably be alright for them to get an assessment without the

number but if they are an existing client there could be a whole wealth of information in the system about this client before the assessment is done. And to repeat the assessment process because you didn't receive the number is not going to be beneficial. There is not a definitive answer to that question at this point. We do have concerns about it. It would not be a billable service until you have the ID number. There are issues and we continue to talk about it and there will be a definitive answer.

- 2) Will there be reimbursement available in the new rate structure for screening?

Yes. This is in the new service array but the rates have not been set.

- 3) What information will be on the screen when a referral is received?

This is why the forms are so important. This is a really good question. You are only going to see what is on those forms that is why it is so critical to look at those forms and make sure that if there is other information that you think should be included let us know. The TEDS requirements and the level of care is what is on the forms. We may add some valid data points that are not currently being collected that you would want to have if you were getting a referral from another agency.

- 4) Will the additional form for crisis residential be eliminated with the transition of assigning a level of care?

Yes, it will be eliminated. The assigning level of care will take care of that form requirement.

- 5) Will providers still be able to place clients on multiple waiting lists?

Yes. In the business analysis it is allowed for clients to be placed on multiple waiting lists.

- 6) Would a client that is accessed but not referred have a discharge completed by the provider who assessed him or her?

If the client is accessed but not referred then a discharge would not be required.

- 7) This question is specific to a provider. Can JBS subcontracts be directly paid rather than having the funds flow through JBS?

This was a JBS concern and the subcontractor concern. Again this will have to be addressed on a specific basis. It is something that will be looked at as far as how the contracts will be structured.

- 8) Will there be ongoing training? After we get through this initial phase what kind of training will be available.

This is being added to our training plan. This will be put in our written document. We will make training available as often as we can.

- 9) Can a manager's report be available with activities summarizing down to the user level?

This is being asked in an Executive Director's level position to make sure things are being done. We are certain that we can have such a report. We are just not sure of the best format or how it should be structured. We will be looking for feedback on this as we construct that report.

- 10) What is the procedure for developing a prevention plan for 2007?

Ms. McCladdie would have to answer this question and she is not available. Ms. McCladdie has currently been revising standards and that will play a role in what the prevention plan looks like.

- 11) How much is the licensure for the part II Harmony cost?

We know the cost per user per month. We do not know how many licenses will be provided by the Department. A number of licenses will be given to each provider that will be paid for by the Department. If you purchase them yourself there is a per month per user rate. We will have to purchase the licenses for you and we haven't worked out all the details. We will have a set number of licenses for each provider.

Ms. Harkless commented that enough licenses will be provided to each provider at cost to make sure everything can be done that is being asked. This is one issue that Ms. Novack is asking while she is visiting programs.

- 12) Will each provider be limited to the Medicaid billing that can be done once the system is running as far as Medicaid match? Is there a cap on Medicaid that each provider can bill that the State will match before the provider may have to pick up the match?

No, we do not see a limit according to Ms. Harkless.

- 13) In the area of the Medicaid claims you talked about the major edits being within the ASAS system; what are the plans to make up the rejected claims on both the ASAS side and the Medicaid side?

It would happen in a 835 and this has been part of an ongoing discussion. What would you want to see in order to be able to tell about rejected claims? The idea is that it will flow through the process and you will get a 835 from ASAS if it is an



ASAIS rejection and if it is an EDS rejection you will get a 835 that comes through Harmony with the reasons the claim was rejected from EDS. If we start to see a number of claims being rejected with the same reason code from EDS then we will look at those to make sure that we do not need to make a change in Harmony. The whole idea of processing the claims through ASAIS is that good claims will be sent to EDS and very little will be rejected. We will monitor this.

Ms. Novack is expecting that it will be rare that there will be rejections that want come from ASAIS in the front end.

You will find out all your rejected claims in a day or less. Ms. Novack reported that internal systems that do 837's will be able to go on-line to pull up that claim and fix it on line and resubmit it on-line through ASAIS.

14) Have the pilot programs been selected?

They have not been selected. The plan is for them to be selected in May.

Mr. Vilamaa asked if you have questions come up before the next conference call, please submit them to him so that time can be spent in processing the questions and having an answer available. Sometimes if a question is asked on the call than an answer cannot always be available. The more questions we can have before we start the quicker things can move and the questions answered.

➤ Agenda Item # 5 Announcements:

Ms. Harkless reported that the Executive Directors will receive a provider survey today by email. A whole list of new services was put out about a month ago and that will be the basis of the new service array that we will have for the Division. That will probably mean that things will change at your agency in a number of ways. One of the things that I put out before is that some of you may be doing something currently that you want to change. You way want to do it differently. We spent a lot of time talking with the rural area providers and the difficulty that they have with IOP as the model for rural services. Some different things can be done now and the service descriptions have been provided to you. The provider survey will provide information on what you are doing now, where you are doing it, and who is doing it.

The survey will be emailed to the Executive Directors this afternoon and Ms. Harkless is asking that it be returned no later than April 14<sup>th</sup>. As a result of this survey meetings will be set up with representatives that the Executive Directors appoint. In order to save time it is being asked that the designee come into out offices to save time and move the process faster. Ms. Harkless will be calling to set up a meeting to talk about the program descriptions.

Ms. Harkless reported that if you are a special women's program designated by funding there is a National Conference on Women, Addiction, and Recovery that will be held July 12-14, 2006 in Anaheim, California. The Division will provide funding for your Special Women's Treatment Program Director to attend this conference. Please let Ms. Harkless know of your intent no later than April 17<sup>th</sup> so contracts can be amended.

Also there is a Meth Conference in Orlando Florida in May. There are 10 available slots that SAMHSA is supporting for this conference. SAMHSA will pay for all expenses. Mr. Bob Wynn is the contact for this conference.

The next conference call is scheduled for Friday, April 14 at 10 am. To participate please dial 1-888-776-3766. You will be prompted for a meeting room number, which is **\*2626217\***. The star key (\*) must be entered before and after entry of the numbers. Please make your call at least five (5) minutes before the start of each meeting.